



# ALABAMA MEDICAID AGENCY

## PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (with the exception of carisoprodol products, lindane, and pantoprazole) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (\*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov).

Accolate	Cleocin (oral only)*	Lescol XL	ProAir HFA
Aceon	Combivent	Lexapro	Proventil HFA
Aciphex	Concerta	Lorabid	Qvar
Actos	Cozaar	Maxair Autohaler	Relenza <sup>†</sup>
Adderall XR	Crestor	Maxalt	Relpax
Advair Diskus	Daraprim	Maxalt MLT	Ritalin*
Advair HFA	Derma-Smoothe/FS	Menest	Serevent Diskus
Aerobid	Dexedrine*	Metrogel-Vaginal*	Simcor
Aerobid-M	Diastat	Micardis	Singulair
Alupent*	Diovan	Micardis HCT	Spiriva
Amerge	Diovan HCT	Mintezol	Starlix
Amoxil*	Dynacirc CR	Mycostatin*	Sumycin*
Aricept	Eurax	Nasacort AQ	Symbicort
Asmanex Twisthaler	Exelon	Nasonex	Symmetrel*
Atrovent HFA	Exforge	Niacor	Tamiflu <sup>†</sup>
Augmentin XR	Flovent HFA	Niaspan	Treximet
Avalide	Focalin*	Nitro-Bid	Tyzine
Avandamet	Focalin XR	Norpace*	Valtrex
Avandaryl	Foradil	Norpace CR*	Ventolin HFA
Avandia	Glyset	Optivar	Veramyst
Avapro	Gris-Peg	Pataday	Vyvanse
Azmacort	Humalog	Patanase	Xopenex HFA
Beconase AQ	Hyzaar	Patanol	Zegerid
Benicar	Infergen	Paxil CR*	Zovirax (ointment only)
Benicar HCT	Lanoxicaps	Pegasys	
Capex Shampoo	Lantus	Phisohex	
Cenestin	Lescol	Premarin (tabs only)	

<sup>†</sup>Denotes the product will be preferred during the defined flu season (October 1 – April 30 unless otherwise specified).